



*Home Office: Bloomfield, Connecticut
Mailing Address: Hartford, Connecticut 06152*

CONNECTICUT GENERAL LIFE INSURANCE COMPANY
a CIGNA company (called CG)

CERTIFICATE RIDER

No. CR7BIASO12-1

Policyholder: THE STATE OF NEW HAMPSHIRE
Rider Eligibility: Each Retired Employee as reported to the insurance company by your Employer.
Policy No. or Nos. 3309640-COMP1

EFFECTIVE DATE: October 1, 2003

You will become insured on the date you become eligible, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG describing the benefits provided under the policy(ies) specified above.

Susan L. Cooper
Corporate Secretary

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CIGNA HealthCare

The page in your certificate coded COM624V4 M is replaced by the page coded COM624V4 M attached to this certificate rider.



- charges made for routine Preventive Care from age 3, excluding immunizations other than for travel. Routine preventive care means health care assessments, wellness visits and any related services.
- charges for the cost of biologicals that are immunizations or medications for the purpose of travel.
- charge for well woman care including breast and pelvic examination, contraceptive information and counseling, minor infection treatment, pap smear (including Thin Prep Pap Test) and rectal exam.
- charges for Family Planning services including medical history, physical examination, related laboratory tests, medical supervision in accordance with generally accepted medical practice, other medical services, information and counseling on contraception, implanted/injected contraceptives.
- charges made by a Hospital or an Ambulatory Surgical Facility for anesthesia for inpatient Hospital dental procedures for: (a) a child under the age of 4; or (b) with a developmental disability or exceptional medical circumstances.
- charges made for treatment of Biologically-Based Mental Illness, including: schizophrenia and other psychotic disorders; schizoaffective disorder; major depressive disorder; bipolar disorder; anorexia nervosa and bulimia nervosa; obsessive-compulsive disorder; panic disorder; pervasive developmental disorder or autism; or chronic post-traumatic stress disorder. Such Covered Expenses will be the same as for other illnesses. Any exceptions or limitations for mental illness shown in the Schedule will not apply to Biologically-Based Mental Illness.
- charges for nonprescription eternal formulas and food products for the treatment of impaired absorption of nutrients caused by disorders of the gastrointestinal tract or inherited diseases of amino or organic acids. The Physician must issue a written order stating the eternal formula or food product is needed to sustain life, in the case of malabsorption; medically necessary; and the least restrictive and most cost effective means for meeting the needs of the insured. Coverage for inherited diseases of amino and organic acids will be subject to an annual maximum of \$1,800.
- charges for scalp hair prostheses worn for hair loss suffered as a result of alopecia areata, alopecia totalis, alopecia medicamentosa resulting from the treatment from any form of cancer or leukemia including the treatment of breast cancer by autologous bone marrow transplants, or permanent loss of scalp hair due to injury, upon written recommendation of a Physician. Coverage for alopecia medicamentosa will be limited to \$350 per year. Scalp hair prostheses means artificial substitutes for scalp hair that are made for specific individual.
- charges for a drug that has been prescribed for specific indication for which use of the drug has not been approved by the U.S. Food and Drug Administration (U.S. FDA). Such drugs will be covered if: (a) the drug is recognized for treatment of the specific indication in one of the standard reference compedia or in medical literature as recommended by the American Medical Association; (b) it has not been contraindicated by the U.S. FDA for the use prescribed. Coverage will also be provided for any medical services necessary to administer the drug.

The following benefits will apply to insulin and noninsulin dependent diabetics as well as covered individuals who have elevated blood sugar levels due to pregnancy or other medical conditions:

- charges for Durable Medical Equipment, including podiatric appliances, related to diabetes. A special maximum will not apply.
- charges for insulin; syringes; prefilled insulin cartridges for the blind; oral blood sugar control agents; glucose test strips; visual reading ketone strips; urine test strips; lancets; and alcohol swabs.
- charges for training by a Physician, including a podiatrist with recent education in diabetes management, but limited to the following:
 - (a) Medically Necessary visits when diabetes is diagnosed;
 - (b) visits following a diagnosis of a significant change in the symptoms or conditions that warrant change in self-management;



(c) visits when reeducation or refresher training is prescribed by the Physician; and

(d) Medical Nutrition therapy related to diabetes management.

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